



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD SPECIALTY HOSPITAL

City of Hospital: Kokomo

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-3039

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21572025
Outpatient Patient Service Revenue	\$18338054
<b>Total Gross Patient Service Revenue</b>	<b>\$39910079</b>

2. Deductions From Revenue

Contractual Allowance	\$24997069
Other Deductions	\$103394
<b>Total Deductions</b>	<b>\$25100463</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$14809616
Other Operating Revenue	\$41630
<b>Total Operating Revenue</b>	<b>\$14851246</b>

4. Operating Expenses

Salaries and Wages	\$6538049	Employee Benefits	\$1627124
Depreciation and Amortization	\$112323	Interest Expense	\$0
Bad Debt	\$383404	Other Expenses	\$4682881
<b>Total Operating Expenses</b>	<b>\$13343781</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1507465	Total Assets	\$6879935
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$811387

Total Net Gains	\$1507465
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24584783	\$16538183	\$8046600
Medicaid	\$4575937	\$3987929	\$588008
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10749359	\$4574351	\$6175008
Total	\$39910079	\$25100463	\$14809616

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$103394
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$32342	
HCI Payments	\$0		
Subtotal	\$0	\$32342	\$-32342
Medicaid Shortfalls	\$547264	\$1436844	
Subtotal	\$547264	\$1469186	\$-921922
DSH Payments	\$0		
Subtotal	\$547264	\$1469186	\$-921922
Medicare Shortfalls	\$7473202	\$7719622	
Other Government Programs	\$0	\$0	
Total	\$8020466	\$9188808	\$-1168342

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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